

MIN 7 7 2001

FACTORY State of Washington
Application for a Water Right

For Ecology Use Fee Paid 10 CV2 6905 Date 0

Application for a Water Right

*10.00 908

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGA	
Name Sohn Hancock Life Ins, Ca Mailing Address 138 Regis St. Swite A City Turlock State Calif Zip+4 9538	Home Tel: (
Mailing Address 138 Regis St. Swite A	Work Tel: (209) 669 - 0792
City Turlock State Calif Zip+4 9538	32 + FAX: (204) 664 - 0811
Section 2. CONTACT - PERSON TO CALI Same as above	JUN 1 3 2001
Name R, Henry Johnson	Home Tel: ()
Mailing Address P.O. Box 3109	Work Tel: (509) 547 - 975610
City Pasco State WA Zip+4 993	0Z+ FAX: (509)545 - 5859
Relationship to applicant Agent operator	-
DESCRIPTION OF THE PLACE OF USE. (See instruction sufficient. Estimate a maximum annual quantity to be used in acre-foot Check if the water use is proposed for a short-term proposed.	ground water source (check only one) for the purpose(s) ATTACH A "LEGAL" ions.) NOTE: A tax parcel number or a plat number is not
From 6 115101 to 11 1 101	
Section 4. WATER SOURCE	
If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for well(s).
Number of diversions:	
Source flows into (name of body of water):	Size & depth of well(s):
LOCATION	
Enter the north-south and east-west distances in feet frosection corner: 100 E and 500 s. of H	
Enter the north-south and east-west distances in feet from	re earter of Sec. 35 If location of source is platted, complete
Enter the north-south and east-west distances in feet from section corner: 100 E. and 500 S. of H. 1/4 of 1/4 of Section Township Range (E/W	If location of source is platted, complete below: Lot Block Subdivision
Enter the north-south and east-west distances in feet frosection corner: 200 E. and 500 s. of H	If location of source is platted, complete below:
Enter the north-south and east-west distances in feet from section corner: 100 E. and 500 S. of H. 1/4 of Section Township Range (E/W.) NW SE 35 10 23	re earter of sec. 35 If location of source is platted, complete below: Lot Block Subdivision Yakima
Enter the north-south and east-west distances in feet from section corner: 100 E and 500 s. of H 1/4 of Section Township Range (E/W NW SE 35 10 23 For Ecology Use Date Received: June 13, 200/ Priori	The County Sec. 35 If location of source is platted, complete below: Lot Block Subdivision Yakima Ty Date Jone 13, 200/ Yakima
Enter the north-south and east-west distances in feet from section corner: 100 E. and 500 S. of H. 1/4 of 1/4 of Section Township Range (E/W. NW SE 35 10 23 For Ecology Use Date Received: June 13, 200/ Priories SEPA: Exempt/Not Exempt FERC License #	If location of source is platted, complete below: Lot Block Subdivision Yakima

ECY 040-1-14 Rev. 7/97 ** f **APPLICATION**

Appl. No.: 64-34502

Se	ection 5. GENERAL WATER SYSTEM INFORMATION		gaine. Quinn
A.	Name of system, if named:		
B.	Briefly describe your proposed water system. (See instructions.) Sprinkler Ivrigation located in the 81/2 Sw/4 of TION RZ3F (70 Acres)	Sec. 3	35
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION. Roza Irrigation Dist	XYES	□N
Se (C	ection 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMA Completed for all domestic/public supply uses.)	ZOITV	
A.	Number of "connections" requested: Type of connection (Homes, Apartment,	Recreation	al. etc.)
B.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems as County Health Department.	□YES	ПИ
Co	mplete C. and D. only if the proposed water system will have fifteen or mor	re connec	tions
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved yes.	☐ YES	□ N
D.	If yes, when was it approved? Please attach the current approved very Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved very please attach the current approved very please.	TYPS	
Se (C	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION ompleted for all irrigation and agriculture uses.) Total number of acres to be irrigated:		
3.	List total number of acres for other specified agricultural uses:		
	Use Orchard Acres 70 Use Acres		
	Use Acres		
Ţ.	Total number of acres to be covered by this application:		
Э.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).		
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no.: 	□ YES	NO NO
Ξ.	Farm uses: Stockwater - Total # of animals Animal Type (If dairy can be pairy - # Milking # Non-milking	attle, see bel	ow)

				R			

Will	vou	he	using	a	dam.	dike.	or	other	structure	to	retain	or s	tore	water?)
* * ***	100	00	MDIII P	00	Contrary.	warre,	4	COLLEGE	Der de desta		T O DOLLAR				

☐ YES NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

- A. Does the applicant own the land on which the water will be used?

 If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):
- B. Does the applicant own the land on which the water source is located?

 If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

Date

Landowner for place of use (if same as applicant, write "same")

(o-11-01)
Date

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested al (date).	bove and return you	r application by

Date_

Ecology is an Equal Opportunity and Affirmative Action employer.

Ecology staff_____

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).